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DATE: December 9, 2004

PTO IDENTIFIER: Application Number 10/708,339-Conf. #2338
Patent Number

Inventor: Takeshi Ikeda et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Larry J. Hume



PHONE: (202) 331-7111

Attorney Dkt. #: 22040-00016-US2

PAGES (Including Cover Sheet): 5

CONTENTS: Transmittal Form (1 page);
Fee Transmittal (1 page)
Notice of Appeal (1 page)
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PTO/SB/97 (09-04)

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Application No. (if known): 10/708,339

Attorney Docket No.: 22040-00016-US2

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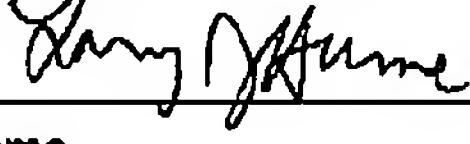
(to be used for all correspondence after initial filing)

		Application Number	10/708,339-Conf. #2338
		Filing Date	February 25, 2004
		First Named Inventor	Takeshi Ikeda
		Art Unit	2817
		Examiner Name	H. Choe
Total Number of Pages in This Submission		Attorney Docket Number	22040-00016-US2

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission Under 36 CFR 1.8 (1 page)
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Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP		
Signature			
Printed name	Larry J. Hume		
Date	December 9, 2004	Reg. No.	44,163

27323_1

USE IN LIEU OF PTO/SB/17 (11-04)
Reflects USPTO filing fees in effect from 12/1/04

FEE TRANSMITTAL For FY 2005 <i>(Reflects USPTO filing fees in effect from 12/1/04)</i>		Complete If Known																																									
				Application Number	10/708,339-Conf. #2338																																						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 25, 2004																																								
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METHOD OF PAYMENT (check all that apply)		FEES CALCULATION (continued)																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number 22-0185 Deposit Account Name Connolly Bove Lodge & Hutz LLP		2. EXTRA CLAIM FEES <table> <thead> <tr> <th><u>Fee Description</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity Fee (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td>50</td> <td>25</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td>200</td> <td>100</td> </tr> </tbody> </table>		<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	50	25	For Reissues, each independent claim more than in the original patent	200	100																						
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The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments to the above-identified deposit account.		<table> <thead> <tr> <th><u>Total Claims</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <table> <thead> <tr> <th><u>Indep. Claims</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____	<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____	_____	_____																								
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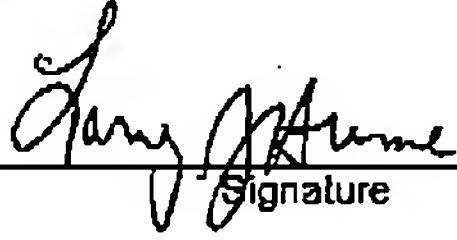
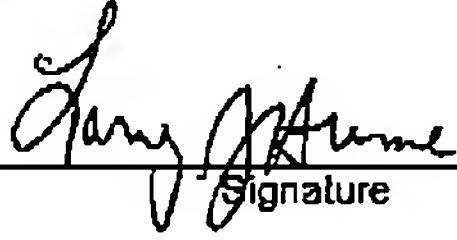
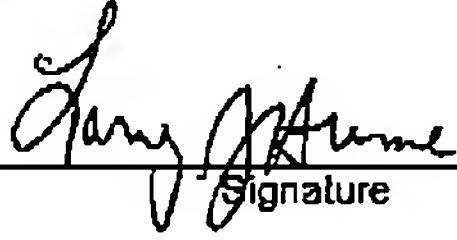
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PTO/SB/31 (08-04)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 22040-00016-US2														
In re Application of Takeshi Ikeda et al.																
Application Number 10/708,339-Conf. #2338		Filed February 25, 2004														
For AMPLIFIER CIRCUIT FOR AM BROADCASTING																
Art Unit 2817	Examiner H. Choe															
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.																
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 500.00														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 250.00																
<input type="checkbox"/> A check in the amount of the fee is enclosed.																
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.																
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 22-0185. I have enclosed a duplicate copy of this sheet.																
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.																
I am the <table> <tr> <td><input type="checkbox"/> applicant /inventor.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td> <td>Signature Larry J. Hume</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent of record.</td> <td>Typed or printed name</td> </tr> <tr> <td>Registration number _____</td> <td>(202) 331-7111</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34.</td> <td>Telephone number</td> </tr> <tr> <td>Registration number if acting under 37 CFR 1.34. 44,163</td> <td>December 9, 2004</td> </tr> <tr> <td></td> <td>Date</td> </tr> </table>			<input type="checkbox"/> applicant /inventor.		<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Signature Larry J. Hume	<input type="checkbox"/> attorney or agent of record.	Typed or printed name	Registration number _____	(202) 331-7111	<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34.	Telephone number	Registration number if acting under 37 CFR 1.34. 44,163	December 9, 2004		Date
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																
<input type="checkbox"/> *Total of 1 forms are submitted.																